

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stoddard
 Township Castor
 City (No. _____) _____

Registration District No. 837
 Primary Registration District No. 6099

File No. 35477

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-10-1934</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>7</u>
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
13. NAME	<u>Ray Crabb</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
15. MAIDEN NAME	<u>Mable Parks</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
17. INFORMANT (ADDRESS)	<u>Geo. Parks</u>
18. BURIAL, CREMATION, OR REMOVAL	<u>High Cemetery</u>
19. UNDERTAKER (ADDRESS)	<u>Wiley Undertaking Co.</u>
20. FILED	<u>Oct 8 1937</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Sept 16 1937

I last saw him alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Scarlet fever

Date of onset

W.K.

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Dr. P. P. Davis, M. D.
 (Address) W. Dept.

Registrar.

